

CITY OF MARSHFIELD

798 S. Marshall
Marshfield, Missouri 65706
417-468-2310

2016

BUSINESS LICENSE APPLICATION

Peddler's License

Date _____

Name of Business _____

DBA _____

Business Type _____ Local Phone _____

Local Street Address _____

Building Owner _____ Phone _____

Business Owner _____ Phone _____

Contact Person _____ Phone _____

Business Mailing Address _____

Federal ID # _____ Missouri Sales Tax # _____

MO. Statute 144.083 Business license requirement: **All new or renewed business licenses must have Dept. of Revenue no tax due verification.** The City will issue license if no tax due is verified. If City cannot verify no tax due, the business will be contacted to furnish City with no tax due letter before license will be issued.

Applicant affirms by signature below that said business does not currently, nor will it in the future employ non-documented persons, with the understanding that doing so would be in violation of both Federal Law and the laws of the State of Missouri.

Signature: _____

CITY OF MARSHFIELD

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APPLICATION FOR BUSINESS LICENSE FOR THE YEAR 2016:

Date _____

AMOUNT DUE - \$18.00

Name of Business _____

Business Address _____

Name of Individual _____

Individual's Address _____

Individual's Telephone Number _____

Individual's Date of Birth _____

Individual's Social Security Number _____

Individual's license number _____

Business telephone _____

Business Tax number _____

Supervisor _____

Supervisor's telephone number _____

Supervisor's Address _____

A copy of identification and application must be submitted for each person that will be going door-to-door. A no tax due letter and a special use tax identification letter with a Marshfield address must be submitted.

Date _____ **Signature** _____